PTO/SB/17 (12-04v2)

Fees Paid (\$)

Approved for use through 07/31/2006. OMB 0651-0032

Under the Panerwork Reduct	ion Act of 199	5 no persons are rec	nuired to res	nond to a collection	n of information	on unless it displays	s a valid OMB control number
Effectursuant to the Consolid	tive on 12/08/2	2004.			Cor	nplete if Know	vn
A Oursuant to the Consolid	lated Appropri	ations Act, 2005 (H.I	R. 4818).	Application Nun	nber 10/	037,347	
FEE TR	<b>(ANS</b>	SIVII I I A	<b>4L</b> [	Filing Date	10/	/23/2001	
l Fo	r FY 2	005		First Named Inv	entor An	tonacci, Paul	
				Examiner Name	9		
Applicant claims small	l entity statu	s. See 37 CFR 1.	27	Art Unit	37:	27	
TOTAL AMOUNT OF PAY	MENT (\$	) 1,690.0	0	Attorney Docke	t No. 200	00-1550-CIP	
METHOD OF PAYMEN	IT (check al	l that apply)			•		
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
For the above-ident	ified deposit	account, the Direc	ctor is here	by authorized to	: (check all	that apply)	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING	FEES Small Entity	SEARC	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130 `	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES					Eag (\$)	Small Entity
Fee Description						<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims						360 <sup>.</sup>	180
Total Claims	Extra Clai	ms Fee (\$)	Fee	Paid (\$)			ependent Claims
- 20 or HP =		Y 1-00-147	=			Fee (\$)	Fee Paid (\$)

Each claim over.	20 (including Keissu	es)				50	23
Each independent claim over 3 (including Reissues)					200	100	
Multiple depende	•		•			360·	180
Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)		Multiple Dep	endent Claims
- 20 or H	iP = x		=			Fee (\$)	Fee Paid (\$)
HP = highest number o	f total claims paid for, if gre	eater than 20.					
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)			
3 or HP			=				
HP = highest number of	findependent claims paid t	for, if greater th	an :	3.			
. APPLICATION S	IZE FEE	:			1	~· ·	

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** 

(round up to a whole number) x

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE fee (\$790) + 3 mo. extension of time (\$1020 - \$120 paid 04/01/05) 1690.00

SUBMITTED BY	4		
Signature		Registration No. (Attorney/Agent) 50,177	Telephone 770-541-7444
Name (Print/Type)	Ashish D. Patel		Date 06/01/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.